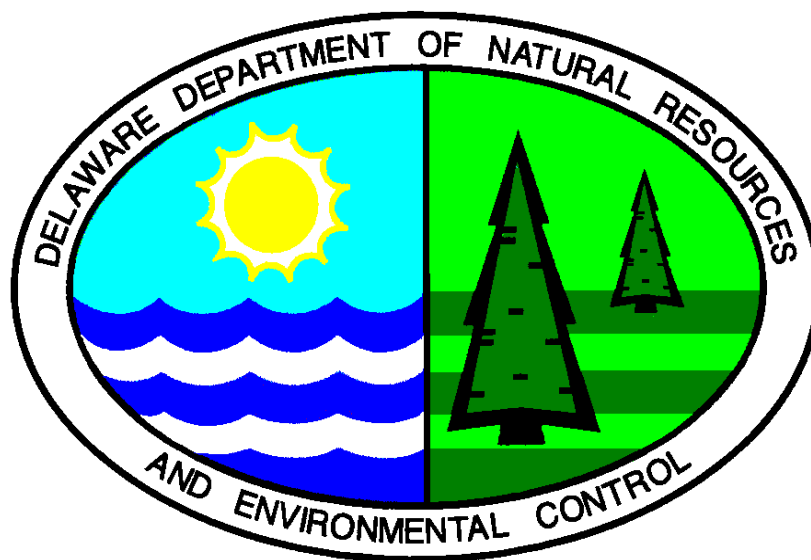


# HAZARDOUS SUBSTANCE SITE CLEANUP LOAN PROGRAM (“HSSCLP”) FINANCIAL ASSISTANCE PROGRAM

## APPLICATION FOR FINANCING



Department of Natural Resources and Environmental Control  
Site Investigation & Restoration Branch  
391 Lukens Drive  
New Castle, DE 19720  
302-395-2600 Technical Assistance  
302-395-2601 Fax

APPLICATION FOR FINANCIAL ASSISTANCE  
HSSCLP LOAN PROGRAM

This application is not a commitment for funds, nor does it obligate the State of Delaware or any State agency to lend any form of financial assistance. The completion of this application is a requirement to process a request for funding from the HSSCLP Loan Program. Please fill in all the blanks, and answer all questions, using "NONE" or "NOT APPLICABLE" when necessary. If more space is needed to answer a specific question, attach a separate page. Return one original plus two copies of this application to the Department of Natural Resources and Environmental Control, SIRB Branch, 391 Lukens Drive, New Castle, DE 19720, with a check in the amount of \$250.00 (the **non-refundable** application fee) made payable to the "State of Delaware/DNREC"

1. APPLICANT

A. Applicant (show official name without abbreviations)

Name of applicant: \_\_\_\_\_

Name of contact person: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code + 4: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Tax I.D.#: \_\_\_\_\_ Type of business: \_\_\_\_\_

Date established: \_\_\_\_\_ State of incorporation/formation: \_\_\_\_\_

Amount of assistance requested: \$ \_\_\_\_\_

Number of permanent full time jobs at project site: \_\_\_\_\_ part time/seasonal: \_\_\_\_\_

B. Applicant's Business Organization

Corporation: \_\_\_\_\_

Sole Proprietorship: \_\_\_\_\_

Partnership: \_\_\_\_\_

Limited Liability Company: \_\_\_\_\_

Is the applicant a subsidiary or direct affiliate of any other organization?

yes: \_\_\_\_\_ no: \_\_\_\_\_

If yes, indicate name, address, and tax identification number of related organization and relationship.

- C. List all officers, directors and partners of the applicant. Also list all owners and stockholders of applicant (complete all columns for each person). Use a separate page if necessary and attach as Exhibit 1-C.

Name (Last, MI, First)	Date of Birth	Social Security #	Office Held/ Position	% Owner- ship
Address:				
Address:				
Address:				

- D. For each person or entity listed in items B & C above, please provide the names and business addresses of all other companies, partnerships, proprietorships, or business associations in which such person or entity holds 20% or more interest, stock, or ownership, and the percent of such ownership. Use a separate page and attach as Exhibit 1-D.

- E. Has the applicant or any of the persons or entities in items A,B,C, or D above, or (to the knowledge of the applicant and if applicable) any proposed lessor of the project:

(1) been a party in litigation involving laws governing hours of labor, minimum wage standards, discrimination in wages or child labor? Yes:\_\_\_ No:\_\_\_

(2) been, or is charged with, convicted of, or a plaintiff in any criminal or civil offense other than a minor motor vehicle violation? Yes:\_\_\_ No:\_\_\_

(3) been or is now subject to, or has pending, any disciplinary action by any administrative, governmental, or regulatory body? Yes:\_\_\_ No:\_\_\_

(4) been or is now subject to any order resulting from any criminal, civil, or administrative proceedings brought against such persons or parties by any administrative, governmental, or regulatory agency? Yes:\_\_\_ No:\_\_\_

(5) been or is now denied any license by any administrative, governmental, or regulatory agency on the ground of moral turpitude? Yes:\_\_\_ No:\_\_\_

(6) been or is now informed of any current or on-going investigation with respect to possible violations by such persons or parties of state or federal securities, anti-trust, or criminal laws? Yes:\_\_\_ No:\_\_\_



## 2. PROPOSED PROJECT

### A. Location of Proposed Project

Street Address: \_\_\_\_\_

Municipality: \_\_\_\_\_

County: \_\_\_\_\_

SIRB Facility ID#: \_\_\_\_\_

### B. Project Site (Land)

1. Indicate approximate size (in acres or square feet) of land. \_\_\_\_\_

2. Is the applicant the present owner of the site? Yes:\_\_\_ No:\_\_\_

If no, please indicate present owner and describe applicant's relationship to the owner.

Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Business Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Applicant's Relationship to Owner: \_\_\_\_\_

3. If the applicant is not the owner of the project site, does applicant have an option or sales contract to purchase the project site? Yes:\_\_\_ No:\_\_\_

If yes, please indicate: date option or contract signed with owner: \_\_\_/\_\_\_/\_\_\_; purchase price: \$\_\_\_\_\_; expiration date: \_\_\_/\_\_\_/\_\_\_; please attach executed copy of option agreement or contract as Exhibit 2-B3.

4. If applicant is not the owner of project site, does the applicant currently lease or operate the project site or any buildings or equipment on the site?

Yes:\_\_\_ No:\_\_\_ If yes, please attach executed copy of lease as Exhibit 2-B4.

5. Is there a relationship legally or by virtue of common control between the applicant (or proposed occupant of the project site), and the present owner of the property?

Yes:\_\_\_ No:\_\_\_ If yes, please describe this relationship using a separate page and attach as Exhibit 2-B5.

6. (a) Has any DNREC financial assistance been previously arranged by or for the benefit of the applicant or related parties in Delaware?

Yes:\_\_\_ No:\_\_\_ If yes, provide the name of the applicant.

Name:\_\_\_\_\_

(b) Has any DNREC financial assistance been previously arranged by or for the benefit of the owner of this project which you intend to purchase? Yes:\_\_\_ No:\_\_\_

(c) Has the applicant applied for or received financial assistance for this project from any other authority, state, or other agency?

Yes:\_\_\_ No:\_\_\_ If yes, please provide:

Name of authority or agency:\_\_\_\_\_

Contact person and telephone #:\_\_\_\_\_

C. Construction Status (includes replacement of underground storage tanks)

1. Has construction work on the project begun? Yes:\_\_\_ No:\_\_\_

If yes, provide details. Use a separate page if necessary and attach as Exhibit 2-C1.

2. Has investigative/remedial work on the project begun? Yes:\_\_\_ No:\_\_\_

If yes, provide details. Use a separate page if necessary and attach as Exhibit 2-C2.

D. Applicable Requirements

1. Have all approvals and permits from all government agencies necessary for the project been obtained? Yes:\_\_\_ No:\_\_\_

If no, please list all approvals and permits that have not been obtained and indicate when it is anticipated that they will be obtained. Use separate page and attach as Exhibit 2-D1.

2. Does the project comply with all applicable federal, state, and local laws, ordinances, or regulations? Yes:\_\_\_ No:\_\_\_

If no, please explain on separate page and attach as Exhibit 2-D2.

3. PROJECT BENEFITS AND INDUCEMENTS

- A. Has the applicant applied to any recognized lending institutions for funding of this project?  
Yes:\_\_\_ No:\_\_\_ If yes, please explain on a separate page (attach a copy of the reply from the lending institution) and attach as Exhibit 3-A.
- B. Briefly indicate and evaluate the alternatives to the applicant if financial assistance by the DNREC is disapproved. Use a separate page and attach as 3-B.

#### 4. PROJECT COSTS

- A. Please provide a detailed description and an itemized account of projected/estimated costs. (e.g. Laboratory, Consultants/Contractors, Capital/Equipment, etc.). Use additional sheets if necessary and attach as 4-A.

Description of Costs	Amount

- B. Please indicate all expenses incurred and/or encumbered. Use additional sheets if necessary and attach as 4-B.

Description of Costs	Amount

#### **ATTACHMENTS REQUIRED**

NOTE: This application will not be considered complete unless the following items are submitted with the application form. Please reference each item as "Attachment A", "Attachment B", etc.

- A. Cover letter - please enclose a letter describing (1) a history and description of the applicants business (be sure to include types of products and services, and customer profile); (2) a description of the project to be undertaken; and (3) the project timeline.
- B. Financial information - please attach the following:\*



- (1) Three most recent years of financial statements and for as much of the current year as is available, (but not more than three months old).
- (2) Financial projections (balance sheet and income statement) for at least 24 months from the date of application and covering a minimum period of two fiscal years.
- (3) Three most recent years of tax returns.
- (4) Completed copy of "Request For Tax Liability Clearance" form. (See pg. 10)
- (5) Completed copy of "List Of All Outstanding Obligations" form. (See pg. 11)
- (6) Completed copy of "Project Source & Use Of Funds" form. (See pg. 12)

\* If the applicant is a new entity, provide personal financial statements and tax returns of each principal (or the parent company) for the past three years.

- C. List of the five largest customers. (Include name, address, telephone number, and contact person.)
- D. List of the five largest suppliers. (Include name, address, telephone number, and contact person.)
- E. Schedule of property owned and/or mortgaged if not shown in fiscal financial statement.
- F. Resumes and personal financial statements of officers/directors/owners.
- G. List of affiliates and subsidiaries of the applicant if not listed in the application.
- H. Copy of cost documents such as purchase agreements, contractor cost estimates, machinery and equipment quotes, and supporting agreements for other costs. A minimum of three bids are required for all work being performed with loan proceeds. **All bids must be attached to the Loan Application. A letter to the contractor(s) outlining payment procedures is attached for your use.**
- I. Copy of executed contracts with property owners and any and all lease agreements for real estate, equipment, operations, etc. Also, copy of Deed where project site is located.
- J. Explanation of any contingent liabilities or litigation.
- K. Non-refundable application fee of \$250.00 payable to the "State of Delaware/DNREC."
- L. Please attach a copy of the appropriate mechanisms chosen to demonstrate financial responsibility in the required amount for the facility to which this loan applies. Failure to demonstrate financial responsibility may result in denial of a loan commitment.

The Applicant may also be required to supply the following:

1. Appraisals on real property and any additional property, and/or machinery and equipment by an appraiser acceptable to the DNREC.
2. Accounts receivable aging.
3. Accounts payable aging.
4. Bank loan exception letters.
5. Financial information to be prepared by a CPA acceptable to the DNREC.
6. Proof that any consultant or contractor chosen for work at the project site has a valid Delaware business license and proper insurance.
7. Additional information as determined by any State of Delaware agency.

## CERTIFICATION OF APPLICATION

NOTE: Eligibility for financial assistance by the Department of Natural Resources and Environmental Control (the "DNREC") is determined by the information presented in this application and in the required exhibits and attachments. Any changes in the status of the proposed project from the facts presented herein could disqualify the project, including but not limited to, the commencement of construction or the acquisition of assets such as land or equipment. Please contact the staff of the DNREC before taking any action which would change the status of the project as reported herein.

This application is subject to terms pursuant to 29 Del. C. 8003 (12).

I, the undersigned, being duly sworn upon my oath say:

1. The Applicant as listed in section 1-A is the borrower of the funds.
2. The Applicant hereby agrees, if this application is approved, to comply with all federal, state, and local laws affecting the loan to be issued and the operation of the proposed project. As part of this agreement, the Applicant agrees to give the first opportunity of employment to qualified Delaware residents for all unskilled and semi-skilled workers employed by the applicant.
3. The Applicant hereby acknowledges and agrees that the DNREC reserves the right to and may disclose any information contained in this application and its supporting documents to the staff and attorneys of the DNREC, to any other State of Delaware agency, at any public hearing held on this application, in any published notice of such hearing, and that this application is subject to the Delaware Freedom of Information Act.
4. The Applicant hereby certifies and affirms that all information contained herein and in the Exhibits and Attachments attached hereto is true and complete to the best of its knowledge and belief.
5. I understand that if such information is willfully false, I am subject to criminal prosecution and that the DNREC, at its option, may terminate its financial assistance.

SIGNATURE: \_\_\_\_\_

NAME (PRINT): \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

Sworn and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

NOTARY PUBLIC: \_\_\_\_\_

My commission expires: \_\_\_\_\_

**STATE OF DELAWARE**  
**DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL**  
**REQUEST FOR TAX LIABILITY CLEARANCE**

Internal Use Only  
Application No. \_\_\_\_\_  
Date: \_\_\_\_\_

Please Type or Print in Ink All Applicable Information

Business Name

Street Address

City, State and Zip Code

Phone Number at Business Location

Federal ID Number

Type of Business (Check one)

☐ Corporation      ☐ Partnership      ☐ Sole Proprietorship      ☐ Limited Liability Company

List Names, home addresses, birth dates and social security numbers of all owners (including majority or controlling share holders) partners, or executive officers of corporation or business, hereinafter called principals. (Use back of form if additional space is required).

Name	Title	Birth Date (Month, Day, Year)
Address		Social Security Number
Name	Title	Birth Date (Month, Day, Year)
Address		Social Security Number

Do you now, or did you ever, hold any of the following licenses or permits from the State of Delaware? If yes, list appropriate license numbers.

A. Corporation Tax Box No.	B. Sales and Use Tax License No.	C. Cigarette Tax License No.
D. Alcoholic Beverage Tax Permit No.	E. Liquid Fuels Tax License No.	F. Fuel Dealer User Tax License No.

**CERTIFICATION (TO BE SIGNED BY EACH PRINCIPAL)**

I/We, an authorized agent of this business, hereby authorize the Delaware Division of Revenue to release to the requesting State of Delaware agency return information pertaining to the above-mentioned entities past and present non-compliance with the State of Delaware's tax laws. If the entity is a proprietorship or partnership, this authorization will include the principals' past and present non-compliance with the State of Delaware tax laws.

If business entity is a partnership or sole proprietorship, this may include Personal Income Tax return information.

It is understood that this authorization is a condition to receiving funds and/or contracts from the State of Delaware and that any information released by the Division of Revenue will only be used for evaluation purposes.

(Use back of form if additional signatures are required).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INTERNAL USE ONLY**

☐ No Outstanding Tax Liability      ☐ Outstanding Tax Liability

Tax System	License Number	Total Enforceable Liability	Non Filed Periods
------------	----------------	-----------------------------	-------------------

Signed \_\_\_\_\_ for the Division of Revenue      Date: \_\_\_\_\_

**LIST OF ALL OUTSTANDING OBLIGATIONS**  
(Notes, Mortgages, and Accounts Payable)

COMPANY NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

*(Same as interim financial*

COLLATERAL/SECURITY	ORIGINAL DATE	ORIGINAL AMOUNT	PRESENT BALANCE	CURRENT OR DELINQUENT	MONTHLY PAYMENT	MATURITY DATE	CREDITOR Name/Address

The information contained in this schedule is a supplement to your balance sheet and should balance to the liabilities presented on that form.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



USE OF FUNDS		SOURCE OF FUNDS					
USE	Amount	Lender	Term	Interest Rate	Collateral	Amount	Annual Debt Service
Purchase of New Equipment and Machinery	\$					\$	\$
Purchase of Used Equipment and Machinery							
Retrofit of Existing (Used) Equip. and Mach.							
Pavement, Concrete, Etc.							
Removal of Existing Equipment							
Contractor Labor							
Engineering and Architectural Fees							
Finance, Accounting, and Legal Fees							
Closing Costs		Equity					
Inventory		Other (List below)					
Contingencies							
Other (Specify)							
Total Cost							
	\$	Total Sources				\$	\$

Dear Contractor/Consultant:

The bid you have been requested to prepare for hazardous substance release site work is to be paid under a loan program sponsored by the State of Delaware Department of Natural Resources and Environmental Control and the United States Environmental Protection Agency under the Federal Water Pollution Control Act. Under this program payment for work that is completed as part of the loan program must be made directly to the contractor by the Department of Natural Resources and Environmental Control. **The loan recipient cannot receive any payments directly from the state.**

Under the terms of the loan program the loan recipient is responsible for paying 10% of the total cost of the project in advance of state loan monies. The state will then advance 10% of the loan amount to the contractor(s) to help defray start up costs. Payment for the remainder of the project will then be made on the following schedule:

EQUIPMENT - (If purchased separate from contractor proposal)

Payment to be made upon submittal of invoice with signed copy of delivery invoice attached.

REMOVAL - All tanks stipulated in contract removed; all required disposal manifests received; all soil sampling stipulated in contract completed in accordance with Department regulations and analysis received by the Department.

REMEDIATION - Upon completion of a specific Phase of the remediation project.

Because the loan recipient cannot receive payments from the state the contractor should not request that payment be made by the loan recipient to them or on any schedule other than that outlined above. Please discuss these terms with any potential client prior to the signing of any contract documents. If you have any questions please call the Site Investigation & Restoration Branch at 302-395-2600 and ask to speak to the loan program coordinator.

Please include your federal tax identification number on all bids.

KFK:slb  
KFK97072.doc  
HSSCLP File